



RETIREMENT

BENEFIT INFORMATION GUIDE FOR STATE EXECUTIVE BRANCH EMPLOYEES

This GUIDE is intended as a handy checklist of some important forms you need to file when you decide to RETIRE from State government. It does not constitute a complete list or a binding document or contract. It does not supersede laws, rules, collective bargaining agreements, policies and procedures, or benefit plan documents pertaining to the benefits covered, and is subject to change.

MAJOR BENEFITS

<i>If You Have the Following Benefits</i>	<i>Forms You Need to Complete/Who To Call</i>	<i>Contact Information</i>
Retirement through the Employees' Retirement System (ERS)	<p><u>Service Retirement Application</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Form 18 (Contributory Plan members), <input type="checkbox"/> Form 18-N (Non-contributory Plan members), OR <input type="checkbox"/> Service and Disability Application, if qualifying. <p><u>Beneficiary Designation *</u></p> <p>Contributory Plan members must complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Designation of Beneficiary Form 1-A. <p>Non-Contributory Plan members:</p> <ul style="list-style-type: none"> • No beneficiary form is necessary. <p>File your application with ERS at least 30 days, and no earlier than 150 days, prior to your retirement date.</p>	<p>Call the ERS at 586-1735 for an application and/or to schedule a counseling session.</p> <p>Neighbor island members may call the island offices. Hawaii: 974-4076, 974-4077 Kauai: 274-3010 Maui: 984-8181, 984-8282 Molokai/Lanai: Call the Maui Office.</p> <p>Visit the ERS website at http://www4.hawaii.gov/ers for information, forms, and use of the Benefit Calculator.</p>
Health Coverage and/or Life Insurance* through Hawaii Employer-Union Health Benefits Trust Fund (EUTF)	<p><u>To enroll yourself, your spouse/domestic partner, and/or dependents in the medical, prescription drugs, dental, vision and life insurance plans upon retirement, complete:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> EC-2 Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Enrollment Form for Retirees <input type="checkbox"/> If you are Medicare eligible when you retire, you must enroll with Medicare to be eligible for EUTF retiree plan. Submit a copy of your Medicare card with the enrollment form. <p>The EUTF will assist you in enrolling in the EUTF retiree health benefits during your retirement counseling session. {Note: You must pay your share of monthly premiums for the pay period in which you last worked.}</p>	<p>EUTF: 586-7390</p> <p>Website: www.eutf.hawaii.gov</p>
Union Sponsored Benefit Plans, Including Life Insurance	<ul style="list-style-type: none"> <input type="checkbox"/> Call your Union Plan Administrator or union office. 	
State Deferred Compensation Plan-Island Savings Plan (IRC 457) *	<p><u>To discuss your distribution options, contact the CitiStreet local office:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To select your distribution option, call a CitiStreet Participant Service Representative anytime <i>after</i> your retirement date. Your Personal Identification Number (PIN) is required. <hr/> <p><u>Deferral of Pay for Unused Vacation:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To request an early partial payout of your accumulated vacation leave credits for deferral into the Plan, contact your DPO about 4 mos. prior to your retirement date to receive an informational packet. Refer to the packet for processing deadlines. 	<p>CitiStreet Participant Service Representative: 1-888-712-5642</p> <p>CitiStreet Local Office: 1-888-712-5642, press "2"</p> <p>Website: http://islandsavings.csplans.com.</p>
Tax-Sheltered Annuity Plan (403(b)) (Applicable to DOE & UH Employees Only)	<ul style="list-style-type: none"> <input type="checkbox"/> <u>To cancel your salary authorization or withdraw your contributions</u>, contact your respective department personnel. 	<p>For more information: UH employees: Call OHR/Employee Relations Section at 956-8643. DOE employees: Call Employee Benefits at 586-3245.</p>
Island Flex (Flexible Spending Accounts)	<ul style="list-style-type: none"> <input type="checkbox"/> Notify Comprehensive Financial Planning, Inc. (CFP) of your retirement plans to cancel your enrollment. 	<p>CFP: 596-7006 Website: www.rrho.com/cfp</p>
<p><u>Voluntary Payroll Deductions</u></p> <ul style="list-style-type: none"> • Parking • Savings Bonds • Direct Deposits • Union Dues and other Union Payroll Deductions 	<ul style="list-style-type: none"> <input type="checkbox"/> File DAGS Form AMD-PC-001, rev. 11/00 with DAGS' Parking Control Branch at least 20 calendar days prior to the cancellation of your parking assignment to avoid any forfeitures. <input type="checkbox"/> See your DPO to cancel your payroll deduction. <input type="checkbox"/> See your DPO to cancel your direct deposit to prevent any problems with future pay. <input type="checkbox"/> Call your union office to notify them of your decision to either continue or cancel your membership and/or other services. 	<p>DAGS Parking Control 869-A Punchbowl Street Honolulu, HI 96813 Phone: 586-0343</p>

*If you should pass away before the forms are filed, your benefits may go to the most recent beneficiary designee on file, or if no designation form is on file, it will be paid to your surviving spouse or to your estate.

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